

EXHIBIT 27

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"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer Washoe County

Name of Employee Thanh Nguyen		Social Security Number [REDACTED]	Telephone Number [REDACTED]
Date of Accident (if applicable) 06/15/2024	Time of Accident (if applicable) 10:45AM	Place where accident occurred (if applicable) North Valleys Library	
What is the nature of the injury or occupational disease? Bruise and sore		List any body parts involved: Left forearm proximal to elbow	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment) <small>This is the incident report at the North Valleys Rainbow Festival on June 15, 2024 at around the 10:45 - 10:50AM (the third story read by Ms. Ginger Divine). I was watching the main door entrance. The door was always locked but when I saw any of the library staff or supporting staff with wrist band wishing to come in, I released the lock. For this incident, I saw a library staff approaching closed to the door, so I released the lock. Staff had not had a chance to come in, and there was a tall man holding his camera recording right after this person. Staff came in, and he held the opening door tight with force trying to get in while on camera recording. I held the door while bracing my body and my left arm against the locked door portion. He then used his right foot to block the door from closing while with a loud voice, demanded to come in. In short seconds, there were several staff (I noticed that Ms. Tina was right next to me) came behind me to explain and mediate the situation. The man released the door and removed himself away from the door. Moment later, my left forearm proximal to the elbow felt sore and a bruise appeared later.</small> <small>I reported this incident in front of North Valleys staff with the presence of Ms. Jannica and Ms. Pam.</small>			
Names of witnesses: Tyna Sloan, Bailey Rowell, Audrey Groenlykke			
Did the employee leave work because of the injury or occupational disease? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, when (date and time)? 06/15/2024	Has the employee returned to work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)? 06/15/2024
Was first aid provided? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Was anyone else involved? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Names of others involved patron (male)		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.


Supervisor's Signature

6.15.2024
Date


Signature of Injured or Disabled Employee **06.15.2024**
Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the State of Nevada for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee